U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
Е	( AUG152005 )
	1 16 1 B 18 1

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01/01/2004 Through: 12/31/2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name SiBian CHI-SAND	Name UAN		
	Labor Organization File Number 542 - 208		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 1400		
Street 518 A ST SE	Street 8515 Georgia ave		
city WASH DC	Street 8515 Georgia ave City Silver Spring		
State ZIP Code + 4 26003	State MD ZIP Code + 4 20910		
5. Position in labor organization. RXECUTIVE DIRE	ctor		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			

Signa	ature
15. Signature and verification. The undersigned declares, under penalty of is submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief, true, correct, and complete these the second s	ing documents), has been assembled builting to the contract of

ZIP Code + 4

7.b. Amount.

Trade Name, if any:

Street

City

State

P.O. Box, Bldg., Room No., if any

Name of Person Filing	File Number U-	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business /ely seeking to represent, or irectly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name CONCIL Webs Asimon Land  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 330 West Hand St.  City New YORK  State New YORK  ZIP Code + 4 10036-16976	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	legal counsel to united am energy  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Meals and entertend during on following business meetings  12.b. Amount.	#337,000·00	
C. Received from any employer (other than an employer covered unde			
or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	The state of the s		
Name		or a second control of the second control of	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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For Official Use Only		
/ COULENDS	LY BEFORE PREPARING THIS REPORT.	
E S Haci's		
P. S.		
1. File Number U - (0.3/4)	2. Fiscal Year Covered From:	
	01 / 01 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Robert J Boston	Name Plumbers & Steamfitters Local 484	
Social season ( reconstitution and reconstruction of the season of the s	Labor Organization File Number 011-784-	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1542 Burnley Street	Street 1955 North Ventura Avenue	
City Camarillo	City Ventura	
State California ZIP Code + 4 93010-3048	State California ZIP Code + 4 93001-1306	
5. Position in labor organization.		
Business Manager	A service of the serv	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty or submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the second complete)	ying documents), has been examined by the signatory and is, to the best of the	
Signed Robert J. Boston	On 8/8/05 805-643-6345 Telephone Number	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Apprentice & Journeyman Trust Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 18931 Laurel Park Road  City Compton  State California ZIP Code + 4 90220-	9. Business deals with:  X a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Joint Labor Management Training Trust	
Street ***	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	Educational Conference \$2762.00 Meals 115.00	
	12.b. Amount. \$2877.00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).	· 自然的是是不知道的。 - 表现的自然表现自然是不同的。 - 表现的自然是是一种是一种是一种是一种是一种是一种是一种是一种是一种是一种是一种是一种是一种	
Name		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any		
Street City ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name So Ca Pipe Trades Administrative Corp	9. Business deals with:	
Trade Name, if any:	X a. Labor Organization  b. Trust	
P.O. Box, Bldg., Room No., if any Street 501 Shatto Place, Fifth Floor	c. Employer	
City Los Angeles  State California ZIP Code + 4 90020-1478		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Name	Trustee	
P.O. Box, Bldg., Room No., if any		
Street Street	11.b. Approximate dollar value of such dealing.	
City The Control of t	12.a. Nature of interest held or income received.	
State ZIP Code + 4	Educational Conference \$3192.68 Meals 144.75	
	12.b. Amount. \$3337.43	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
P.O. Box, Bldg., Room No., if any		
Street		
City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Piping Ind Progress & Ed Trust Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 501 Shatto Place, Suite 200  City Los Angeles  State California ZIP Code + 4 90020-1478	9. Business deals with:  X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Trustee
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Meals \$147.02
	12.b. Amount. \$147.02
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street City	
State ZIP Code + 4	
Superior and the superi	14 b. Amount of pourson
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing		File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	5
8. Name and address of Business (including trade name, if any).  Name Jerry Neil Paul  Trade Name, if any: Attorney at Law  P.O. Box, Bldg., Room No., if any  Street 5716 Corsa Avenue, #203  City Westlake Village  State California ZIP Code + 4 91362	9. Business deals with:  X a. Labor Organiza b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	
Trade Name, if any:	Asbestos Class	Action
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar valu	ue of such dealing.
City : : : : : : : : : : : : : : : : : : :	12.a. Nature of interest held or income received.	
State ZIP Code + 4 (2010 10 10 10 10 10 10 10 10 10 10 10 10	Deals with mem	bership on above class action.
	12.b. Amount.	\$250.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street City		
State ZIP Code + 4 District State		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	